

RA - 3.18 REPORTING OF UNUSUAL OCCURRENCES

INTENT: To ensure unusual occurrences are investigated and that corrective action is taken when appropriate; to prevent recurrence of preventable incidents.

POLICY

Immediately upon occurrence or discovery, all unusual occurrences are documented on an NSS Unusual Occurrence form and given to the Resource Ability Nursing Supervisor.

An unusual occurrence can be a disruption of service, an accident or incident that is out of the ordinary, for either client, staff member or other. It may include but is not limited to medication errors or adverse reactions, falls or untoward situations at home or in the community. It may or may not involve actual or perceived physical injury, side effects, unusual symptoms or actions.

Near Misses should be documented on an unusual occurrence form as well. “Near Miss” is defined as “An error that has the potential to cause an adverse event (patient harm) but fails to do so because of change, or because it is intercepted” (World Alliance for Patient Safety 2005, WHO) “An error caught before reaching the patient” (*J Emerg Nurs*, 35(5): 451–452.)

If staff is uncertain, contact the Resource Ability Nursing Supervisor to determine whether or not an NSS Unusual Occurrence form needs to be filled out and sent to the office. The Resource Ability Nursing Supervisor may also instruct the staff member whether or not an incident is to be recorded in the client’s chart or in the communication book.

PROCEDURE

Reports are reviewed by the Resource Ability Nursing Supervisor or designate who ensures any necessary corrective action is taken. The Resource Ability Nursing Supervisor or designate documents any follow up or corrective action needed.

Completed NSS Unusual Occurrence Forms are either filed in the client’s office chart or in the staff’s file, as applicable.

FORM: RA 3.18a - Unusual Occurrence Form
RA 3.18b – Follow Up Form

RA - 3.18a UNUSUAL OCCURRENCE FORM

Date of Occurrence: _____ Time: _____ Location: _____

Indicate here if you are reporting a NEAR MISS

Name(s) of individual(s) involved: _____

Details of Occurrence: _____

Result of Occurrence and/ or Immediate Action Taken:

Others Informed (family, physician, Resource Ability Nursing Supervisor etc):

Report completed by (signature): _____

Job Title: _____ Date: _____

Resource Ability Nursing Supervisor

Signature: _____ Date: _____

Review and Recommendations:

Follow up needed

Action Taken: _____

Signature: _____ Date completed: _____

